

Assessment of Field Readiness for the California
Outcomes Measurement System (CalOMS) (Treatment Only) Questionnaire

For general instructions for completion of this survey, please refer to the instructions titled “Assessment of Field Readiness for the California Outcomes Measurement System Questionnaire – Instructions”.

Direct Provider/Interviewee Information

	Name	Title	Phone Number
Provider: ¹	«PROV_CNTY_DESC»	n/a	n/a
Lead Interviewee:			
IT support interviewee:			
Other provider contact:			
Other provider contact:			

	DMC #
Provider sites:²	«PROV_DMC_NO»

¹ From DMC

² From DMC

Overall CalOMS Concerns

1. Our organization understands the data and operational requirements to implement CalOMS, as described by ADP as follows. Select one.

<input type="checkbox"/>	No knowledge of CalOMS requirements
<input type="checkbox"/>	Little knowledge of CalOMS requirements
<input type="checkbox"/>	Moderate knowledge of CalOMS requirements
<input type="checkbox"/>	Strong knowledge of CalOMS requirements

2. Rank your five greatest concerns about implementing CalOMS, from 1 to 5. Rank your highest concern as a 1 lowest as a 5. No ties please.

Rank	Category
	Staff qualifications and training needs
	Use of ASHLite CF
	Automated data submission requirements
	Amount of data to be collected
	Overall cost of implementation
	Ongoing cost of administration/operation
	Impact on client treatment
	Locating client for follow-up assessment
	Conducting follow-up assessment
	Timeline of implementation
	Client consent for follow-up
	Client data confidentiality issues
	Follow-up sampling procedures
	Provider site abilities
	Other: <table border="1" style="display: inline-table; width: 200px; height: 1.2em; vertical-align: top;"></table>

Comments:

3. Rank your perceived benefits of CalOMS, from 1 to 5. Rank your highest anticipated benefit as a 1 lowest as 5. No ties please.

Rank	Category
	CalOMS will provide valuable outcomes data.
	CalOMS will provide leverage to broaden our use of ASH-Lite CF for outcomes measurement.
	CalOMS will provide leverage to broaden our use of ASH-Lite CF for client assessment and treatment planning.
	CalOMS will provide leverage to increase our automated data collection.
	CalOMS will provide state and county comparison data.
	CalOMS will help me demonstrate effective use of treatment resources for grants and other future funding.
	CalOMS will provide leverage to conduct follow-up assessments on clients for service planning.
	CalOMS will provide data to improve services.
	Other: <input type="text"/>
<input type="checkbox"/>	None
<input type="checkbox"/>	Do not know

4. Rate the perceived overall long-term benefits to AOD treatment that CalOMS will provide. Select one.

Benefit level	
<input type="checkbox"/>	The benefits of CalOMS significantly outweigh the anticipated work effort.
<input type="checkbox"/>	The benefits of CalOMS slightly outweigh the anticipated work effort.
<input type="checkbox"/>	The benefits of CalOMS are even with the anticipated work effort.
<input type="checkbox"/>	The benefits of CalOMS are slightly less than the anticipated work effort.
<input type="checkbox"/>	The benefits of CalOMS are significantly less than the anticipated work effort.

5. How much change to your business processes do you foresee that you will need to make as a result of CalOMS? Select one.

Business process changes	
<input type="checkbox"/>	No business process changes are needed
<input type="checkbox"/>	Minimal business process changes are needed (0 – 5%)
<input type="checkbox"/>	Some business process changes are needed (6 – 10%)
<input type="checkbox"/>	Significant business process changes are needed (11-30%)
<input type="checkbox"/>	Fundamental business process changes are needed (over 31%)

6. In order to implement CalOMS what do you project is the cost to your organization in full-time staff equivalents (total in first year)? In monetary amount (total first year)?

Full-time staff positions	
Monetary amount	\$

Do not know	<input type="checkbox"/>
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7. Rate your current level of readiness for CalOMS. Select one.

Readiness Level	
<input type="checkbox"/>	My organization is ready – minimal effort is needed
<input type="checkbox"/>	My organization is somewhat ready – some effort is needed
<input type="checkbox"/>	My organization is not ready – significant effort is needed

8. Do you anticipate that your organization will be ready for the October 2004 implementation date? Select one.

Ready by October 2004	
<input type="checkbox"/>	Definitely will be ready
<input type="checkbox"/>	Likely will be ready
<input type="checkbox"/>	May be ready
<input type="checkbox"/>	Unlikely will be ready
<input type="checkbox"/>	Definitely will not be ready

9. If you do not anticipate complete readiness by October 2004, please specify a feasible alternate implementation date for your organization.

Projected Implementation date (mm/dd/yyyy)	
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10. What is your organization's biggest barrier to achieving readiness:

Barrier to Readiness:

11. With which organizations do you have previous outcomes studies experience? Check all that apply. If *Other*, please describe. If so, in what year?

<input type="checkbox"/>	Year	Previous experience with outcomes studies
<input type="checkbox"/>		No previous experience
<input type="checkbox"/>		UCLA
<input type="checkbox"/>		UCSD
<input type="checkbox"/>		UC Davis
<input type="checkbox"/>		CSU Bakersfield
<input type="checkbox"/>		RAND Corporation
<input type="checkbox"/>		SAMSHA
<input type="checkbox"/>		Other:

12. If you have additional overall concerns about CalOMS, please describe them here.

Additional Comments:

Current information

13. The following lists treatment information ADP has about your organization.³ Please verify and correct this information, as necessary.

Category	ADP information	Corrected information
Annual admissions (for FY 01/02)	«TOTAL_ANNUAL_ADMISSIONS»	
Number of providers	«NO_DIRECT_PROVIDERS»	
Average number of units (hours, visit day, bed day, slot day) per provider (for FY 00/01)	«AVG_SERVICE_UNITS»	
Number of suspense errors as a % of submissions on CADDs (for FY 02/03) (County only)	«PCT_SUSPENSE_ERRORS»%	%

Turnaround time for error corrections (in months) for FY 01/02:	
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³ From CADDs and cost reports

14. The following lists service type information ADP has about your organization.⁴
Please verify and correct this information, as necessary.

Service Type	This service type is provided by provider		If provided, approximate number of admissions for FY 01/02 (by service type)	
	<i>ADP</i>	<i>Corrected</i>	<i>ADP</i>	<i>Corrected</i>
Non-residential/outpatient				
Treatment/recovery	«OP_TX _RECO VERY_F LAG»		«OP_TX _RECOV ERY»	
Day program-intensive	«OP_D AY_PR OGRAM _FLAG»		«OP_DA Y_PROG RAM»	
Detoxification	«OP_D ETOX_F LAG»		«OP_DE TOX»	
Residential				
Detoxification (hospital)	«RES_D ETOX_ HOSPIT AL_FLA G»		«RES_D ETOX_H OSPITAL »	
Detoxification (non-hospital)	«RES_D ETOX_ NON_H OSPITA L_FLAG »		«RES_D ETOX_N ON_HOS PITAL»	
Treatment/recovery (30 days or less)	«RES_T X_REC OVERY _SHOR T_FLAG »		«RES_T X_RECO VERY_S HORT»	
Treatment/recovery (31 days or more)	«RES_T X_REC OVERY _LONG _FLAG»		«RES_T X_RECO VERY_L ONG»	
Methadone detoxification/maintenance				
Methadone detoxification -	«METH		«METH_	

Methadone and/or LAAM	_DETO X_FLAG »		DETOX»	
Methadone maintenance - Methadone and/or LAAM	«METH _MAINT _FLAG»		«METH_ MAINT»	

Administrative

15. Do you see any impact of CalOMS data collection requirements on DMC claims?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes please explain:

16. Do you foresee fiscal implications from implementing CalOMS?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

17. As a result of CalOMS, do you anticipate changes to the number of clients you will serve by service type? Select one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

18. If Yes, please indicate changes anticipated by service type.

Service Type	Change anticipated? (Yes/No)	Plus or minus	Anticipated percentage
<i>Non-residential/outpatient</i>			
Treatment/recovery			%
Day program-intensive			%
Detoxification			%
<i>Residential</i>			
Detoxification (hospital)			%
Detoxification (non-hospital)			%
Treatment/recovery (30 days or less)			%
Treatment/recovery (31 days or more)			%
<i>Methadone detoxification/maintenance</i>			

Methadone detoxification – Methadone and/or LAAM			%
Methadone maintenance – Methadone and/or LAAM			%

19. In how many counties are you required to report CADDs data, either through the county or as a direct provider?

<i>Number of counties as direct provider:</i>	
<i>Number of counties we report through county:</i>	

Error correction

20. What is your process for correcting CADDs records? (Select all that apply)

Error correction:	
<input type="checkbox"/>	County fixes
<input type="checkbox"/>	Delegate correction to provider
<input type="checkbox"/>	Work with ADP to correct
<input type="checkbox"/>	Send in hard copy correction
<input type="checkbox"/>	Send in electronic correction
<input type="checkbox"/>	Other: _____

Admission/Intake

21. For what percentage of clients does your organization currently collect full Social Security Number (SSN) at admission or intake? Select one.

Percentage of clients that are required to report SSN	
<input type="checkbox"/>	Under 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89%
<input type="checkbox"/>	Over 90%

22. Of those clients that you do attempt to collect the SSN, what percentage of clients refuse to provide? Select one.

Percentage of clients that do not provide SSN	
<input type="checkbox"/>	Under 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89
<input type="checkbox"/>	Over 90%
<input type="checkbox"/>	Do not know

23. What reasons do clients most commonly give for refusal? Rank top 3.

Rank	Why clients do not provide SSN
	Client has privacy concerns
	Client does not know SSN
	Client does not have an SSN
	Client refuses, no reason given
	Other: <input type="text"/>
<input type="checkbox"/>	Do not know

24. If not currently collected, do you anticipate barriers to collecting the SSN? Select one.

Barriers to collecting SSN	
<input type="checkbox"/>	Do not expect barriers collecting SSN
<input type="checkbox"/>	Expect some barriers collecting SSN
<input type="checkbox"/>	Expect many barriers collecting SSN
<input type="checkbox"/>	Will not be able to collect SSN

What types of barriers do you expect:

25. Do you currently collect the following data items at admission or intake? Indicate yes or no for each data item.

Yes/No	Data item
	Client's Birth Name
	Mother's First Name
	Client's Address

26. In addition to the current CADDs data elements, do you collect any of the following data at admission or intake? Select all that apply.

Mark if Yes	Question type
<input type="checkbox"/>	ASAM
<input type="checkbox"/>	ASI-Lite CF
<input type="checkbox"/>	Other ASI version
<input type="checkbox"/>	Other: _____

Addiction Severity Index (ASI)

27. For what percentage of your clients do you require the use of the ASI (any version) during the course of treatment? Select one.

Percent of Required use of ASI	
<input type="checkbox"/>	None
<input type="checkbox"/>	Under 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89
<input type="checkbox"/>	Over 90%

28. If you use the ASI (any version), do you calculate composite scores? Mark one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. If you use the ASI (any version), do you calculate clinical factors? Mark one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

30. If you do not use the ASI (any version) for all clients, what are the reasons? Select all that apply.

ASI usage	
<input type="checkbox"/>	We use the ASI on a sample of our clients
<input type="checkbox"/>	Not mandated
<input type="checkbox"/>	Used only for specific funding sources
<input type="checkbox"/>	Used only for specific client types
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other: _____

31. If you use the ASI (any version), what percentage of the assessments is automated and what percentage are hard-copy?

	Percentage
<i>Hard copy only</i>	%
<i>Automated (entered and calculated in an automated system)</i>	%

32. If you use the ASI (any version), what types of barriers do you experience in administering it?

Comments:

33. What are the benefits of using the ASI (any version)?

Comments:

34. What strategies or methods do you use or would you use to make it easier to implement and/or use the ASI (any version)? Select all that apply.

<i>Easier to implement use of the ASI</i>	
<input type="checkbox"/>	Financial incentives
<input type="checkbox"/>	Staff recognition
<input type="checkbox"/>	Automation of ASI
<input type="checkbox"/>	Training
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other:

35. If you don't use the ASI (any version), when do you plan to start to use it?

<i>Projected ASI Implementation date: (mm/dd/yyyy)</i>	
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36. How long do you think it will take your organization to implement the use of the ASI Lite CF (in months)?

<i>Span of time in months:</i>	
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Centralized Intake and Locator Information

37. What percentage of your organization's clients move between treatment services/sites within one service delivery experience? Select one.

Percentage of treatment moves	
<input type="checkbox"/>	Under 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89
<input type="checkbox"/>	Over 90%

38. For what percentage of clients does your organization collect information that will allow you to locate a client after they leave treatment? Select one.

Percentage of clients for which we are currently collecting locator information	
<input type="checkbox"/>	None
<input type="checkbox"/>	Under 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89
<input type="checkbox"/>	Over 90%

39. If so, what do you collect? Select all that apply.

Data item	
<input type="checkbox"/>	Client address
<input type="checkbox"/>	Client date of birth
<input type="checkbox"/>	Client telephone
<input type="checkbox"/>	Drivers License Number (DLN)
<input type="checkbox"/>	Social Security Number (SSN)
<input type="checkbox"/>	Backup contact name
<input type="checkbox"/>	Backup contact telephone
<input type="checkbox"/>	Backup contract address
<input type="checkbox"/>	Other:

40. If you currently collect locator information, when do you collect it?
Select all that apply.

When collected	
<input type="checkbox"/>	Intake
<input type="checkbox"/>	Admission
<input type="checkbox"/>	During treatment
<input type="checkbox"/>	Discharge
<input type="checkbox"/>	Other:

41. If you do not currently collect locator information, when do you plan to implement collecting client locator data?

Projected locator collection date: (mm/dd/yyyy)

Client Case Management

42. What is your process for conducting client case management? Select all that apply.

<i>Client Case Management methods</i>	
<input type="checkbox"/>	Paper files
<input type="checkbox"/>	Custom automated solution
<input type="checkbox"/>	Standard (packaged) automated solution
<input type="checkbox"/>	Other:

43. Do you coordinate client case management across different service delivery systems (e.g. mental health, social services, employment, etc.) for your clients?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

44. If yes, how do you coordinate client case management across different disciplines for your clients? Select all that apply.

<i>Client Case Management methods</i>	
<input type="checkbox"/>	Paper files
<input type="checkbox"/>	Custom automated solution
<input type="checkbox"/>	Standard (packaged) automated solution
<input type="checkbox"/>	Staff assignment to integrate care
<input type="checkbox"/>	Other:

45. Have you changed your case management approach due to SACPA?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Discharge

46. How do you currently define discharge?

<i>Discharge definition</i>	
<input type="checkbox"/>	Using CADDs definition
<input type="checkbox"/>	Final service same provider
<input type="checkbox"/>	Funding source specific
<input type="checkbox"/>	Definition provided by other or licensing requirements
<input type="checkbox"/>	Do not know
<input type="checkbox"/>	Other:

Length of Stay

47. What percentage of your clients is in treatment after 6 months? Please correct the information supplied by ADP.

	ADP	Corrected
% of clients in treatment after 6 months: ⁴	«PCT_CLIENT S_6MONTH_FOLLO WUP»	%

Follow-up

48. What percentage of your admissions does your organization attempt to do follow-up contacts? Select one.

Follow-up contact percentage	
<input type="checkbox"/>	None
<input type="checkbox"/>	Less than 10%
<input type="checkbox"/>	11% – 50%
<input type="checkbox"/>	51% – 90%
<input type="checkbox"/>	Over 91%
<input type="checkbox"/>	Do not know

49. If applicable, when do you conduct the follow-up contact? Select all that apply.

When follow-up is conducted	
<input type="checkbox"/>	3 month post admission
<input type="checkbox"/>	6 month post admission
<input type="checkbox"/>	9 month post admission
<input type="checkbox"/>	12 month post admission
<input type="checkbox"/>	Do not know
<input type="checkbox"/>	Other: <input type="text"/>

50. If applicable, what percentage of your follow-up contacts is successful? (Successful = contacted client) Select one.

Follow-up contact percentage	
<input type="checkbox"/>	Less than 10%
<input type="checkbox"/>	11% – 50%
<input type="checkbox"/>	51% – 90%
<input type="checkbox"/>	Over 91%
<input type="checkbox"/>	Do not know

51. If applicable, do you offer follow-up incentives to your clients? Select one.

<input type="checkbox"/>	Yes
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⁴ From CADDs

<input type="checkbox"/>	No
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If applicable, what type of follow-up contact do you complete? Select all that apply.

Follow-up contact type	
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Letter
<input type="checkbox"/>	In person
<input type="checkbox"/>	Other: _____

52. If applicable, who performs the follow-up work? Select all that apply. If other, please indicate method.

Follow-up work method	
<input type="checkbox"/>	Performed by county
<input type="checkbox"/>	Performed by our organization
<input type="checkbox"/>	Contracted to external entity
<input type="checkbox"/>	Other: _____

53. If applicable, how long does the average follow-up process (i.e. from initial contact attempt for follow-up to completing the follow-up assessment) take if the client is currently in treatment (span time in days)?

Span time (days):	_____
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54. If applicable, on average, how much staff time does it take to conduct a follow-up interview, if the client is currently in treatment (staff time in minutes)?

Staff time (minutes):	_____
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55. If applicable, how long does the average follow-up process take if the client is not in treatment (span time in days)?

Span time (days):	_____
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56. If applicable, on average, how much staff time does it take to conduct a follow-up interview, if the client is not in treatment (staff time in minutes)?

Staff time (minutes):	_____
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57. If applicable, what kind of instrument do you use for follow-up? Select all that apply.

Question type	
<input type="checkbox"/>	CADDS discharge
<input type="checkbox"/>	ASI-Lite CF
<input type="checkbox"/>	ASI-Lite CF subset
<input type="checkbox"/>	Other ASI version
<input type="checkbox"/>	Core Outcomes questions
<input type="checkbox"/>	Client satisfaction questions
<input type="checkbox"/>	Other: _____

58. If applicable, what types of barriers do you experience in conducting follow-ups?

Comments:

59. What are the benefits of conducting follow-ups?

Comments:

60. What methods or strategies do you currently perform or think will help with get more participation in the follow-up process in your county? Select all that apply.

Implement use of the follow-up process	
<input type="checkbox"/>	Financial incentives for clients
<input type="checkbox"/>	Staff recognition
<input type="checkbox"/>	Reunions, parties or other gatherings for clients
<input type="checkbox"/>	Ongoing contact with clients
<input type="checkbox"/>	Training
<input type="checkbox"/>	Other:

61. How long do you estimate it will take you to locate your typical client and conduct a nine month follow-up interview as required by CalOMS?

Span time (days):	
Staff time (minutes):	

62. CalOMS requires you to attempt nine-month follow-up interviews on a 10% sample of clients (assuming the minimum client population threshold for sampling is met). Do you plan to attempt nine-month follow-up interviews on more than 10%? Select one.

How many more clients will you follow-up on?	
<input type="checkbox"/>	No follow-up
<input type="checkbox"/>	Yes, less than 10% more
<input type="checkbox"/>	Yes, 11% – 50% more
<input type="checkbox"/>	Yes, 51% – 90% more
<input type="checkbox"/>	Yes, Over 91% more

63. Are you interested in participating in a direct provider consortium for nine month follow-up interview sampling?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Automated Systems

64. What percentage of CADDs admission records do you send to ADP in an automated format? Please verify percentage shown.⁵

Percentage of CADDs transactions that are automated	
ADP Information	
«PCT_ADMISSIONS_AUTOMATED»%	

Corrected Information	
<input type="checkbox"/>	No automation
<input type="checkbox"/>	1 - 10%
<input type="checkbox"/>	11-30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-70%
<input type="checkbox"/>	71-89%
<input type="checkbox"/>	90-99%
<input type="checkbox"/>	100% automated

65. What systems do you use to collect and process client data?⁶ Please correct if necessary.

System	ADP Data	Corrected Data	
	Use?	Use?	Number of Providers Using
No automated system (hard-copy)	«SYSTEM_NONE»	<input type="checkbox"/>	
In-house county system	«SYSTEM_IN_HOUSE_COUNTY»	<input type="checkbox"/>	
CADDs Access	«SYSTEM_CADDs_ACCESS»	<input type="checkbox"/>	
CalTOP	«SYSTEM_CALTOP»	<input type="checkbox"/>	
Insyst ECHO system	«SYSTEM_ECHO»	<input type="checkbox"/>	
AccuCare	«SYSTEM_ACCUCARE»	<input type="checkbox"/>	

⁵ From CADDs. Estimate based on number of hardcopy admissions submitted during fiscal year '01-'02.

⁶ From CADDs

DeltaMetrics	«SYSTEM_ DELTA_ME TRICS»	<input type="checkbox"/>	
SRIS	«SYSTEM_ SRIS»	<input type="checkbox"/>	
DMC Billing	«SYSTEM_ DMC_BILLI NG»	<input type="checkbox"/>	
CMHC	«SYSTEM_ CMHC»	<input type="checkbox"/>	
Other third-party system	«SYSTEM_ OTPS»	<input type="checkbox"/>	
SAM	«SYSTEM_ SAM»	<input type="checkbox"/>	
CSM	«SYSTEM_ CSM»	<input type="checkbox"/>	
CBS	«SYSTEM_ CBS_COALI TION»	<input type="checkbox"/>	

66. If other third-party system is used to collect and process CADDs data, please name vendor and system.

Vendor:	
System Name:	

67. How many full-time Information Technology staff members do you currently employ?

Number of IT staff:	
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68. How many systems do you expect to use for collecting and reporting data to ADP for CalOMS?

Number of systems:	
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69. How much elapsed time do you estimate that it will take to modify these systems to meet CalOMS data collection requirements (in months)?

Elapsed time in months:	
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70. How many resources and how much of a financial investment do you anticipate it will require for you to analyze, design, develop and implement these system changes?

Full-time staff equivalents	
Monetary amount	\$

71. If you use outside vendors, how long will it take you to acquire resources to develop or modify automated tools (contract process)?

Elapsed time in months:	
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72. How many log identifications (users) will you require for CalOMS (to send and receive data and reports)?

Estimated Number of CalOMS logins:	
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73. Do you currently use the Department of Mental Health's Information Technology Web Services (ITWS) for Department of Mental Health or CADDs data submission or ADP's DMC billing downloads? Select one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

74. If you currently use the Department of Mental Health's Information Technology Web Services (ITWS), how many users do you have?

Actual number of ITWS users:	
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75. Are you interested in participating in a direct provider consortium for development of an automated system?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Communication

76. To enable us to coordinate future meetings, what types of *regular* communication does your organization have with ADP? Select all that apply.

	Communication method	Frequency (monthly, weekly, quarterly, other)
<input type="checkbox"/>	Face to face meetings	
<input type="checkbox"/>	Telephone calls	
<input type="checkbox"/>	Conference calls	
<input type="checkbox"/>	Email correspondence	
<input type="checkbox"/>	Website information	
<input type="checkbox"/>	Training sessions	
<input type="checkbox"/>	Association conferences (such as CADPAAC)	
<input type="checkbox"/>	Other:	

77. Are you satisfied with the level of communication you currently have with ADP? Select one.

Communication satisfaction	
<input type="checkbox"/>	Not satisfied
<input type="checkbox"/>	Minimally satisfied
<input type="checkbox"/>	Mostly satisfied
<input type="checkbox"/>	Completely satisfied

Training Issues

78. How many staff do you anticipate will need to be trained on CalOMS/ITWS?

Estimated Number of CalOMS/ITWS users to train:	
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79. How many staff will you need to train on using the AS-Lite CF?

Estimated Number of users for initial ASI-Lite CF training:	
Estimated Number of users for an ASI-Lite CF refresher course	

80. How do you plan to train your staff on ASI-Lite CF process? (Select all that apply)

Training method	
<input type="checkbox"/>	On the job training
<input type="checkbox"/>	Group meetings
<input type="checkbox"/>	Video training
<input type="checkbox"/>	Electronically administered training (via CD or other media)
<input type="checkbox"/>	In house training (internal staff member will train remaining staff)
<input type="checkbox"/>	Outsourced training
<input type="checkbox"/>	Other:

Training comments:

81. How many total staff will you need to train on using the locator form?

Estimated Number of users for initial locator form training:	
Estimated Number of users for a locator form refresher course	
Do not know	<input type="checkbox"/>

82. How do you plan to train your staff on the locator form?
(Select all that apply)

Training method	
<input type="checkbox"/>	On the job training
<input type="checkbox"/>	Group meetings
<input type="checkbox"/>	Video training
<input type="checkbox"/>	Electronically administered training (via CD or other media)
<input type="checkbox"/>	In house training (internal staff member will train remaining staff)
<input type="checkbox"/>	Outsourced training
<input type="checkbox"/>	Other:

Training comments:

83. How many staff will you need to train on using the follow-up process?

Estimated Number of users for training who have never done follow-up:	
Estimated Number of users for training who have done follow-up:	
Do not know	<input type="checkbox"/>

84. How do you plan to train your staff on the follow-up process?
(Select all that apply)

Training method	
<input type="checkbox"/>	On the job training
<input type="checkbox"/>	Group meetings
<input type="checkbox"/>	Video training
<input type="checkbox"/>	Electronically administered training (via CD or other media)
<input type="checkbox"/>	In house training (internal staff member will train remaining staff)
<input type="checkbox"/>	Outsourced training

<input type="checkbox"/>	Do not know
<input type="checkbox"/>	Other: _____

<i>Training comments:</i>

Toolkit

85. What specific items would be helpful for ADP to provide in the field readiness assessment toolkit to be used by counties and direct providers to help with CalOMS issues? Select all that your organization would use.

<i>Toolkit ideas</i>	
<input type="checkbox"/>	Provider readiness assessment survey for counties to use
<input type="checkbox"/>	Informed-consent boilerplate language
<input type="checkbox"/>	Boilerplate contract language for providers
<input type="checkbox"/>	Training materials on AS+Lite CF
<input type="checkbox"/>	Training materials/standards in client locating and follow-up methods
<input type="checkbox"/>	Information on software availability and licensing issues
<input type="checkbox"/>	Information on establishing consortiums for software development
<input type="checkbox"/>	Information on establishing consortiums for follow-up assessment
<input type="checkbox"/>	Informative materials on CalOMS for providers
<input type="checkbox"/>	Sample implementation plan
<input type="checkbox"/>	HIPAA privacy and security information
<input type="checkbox"/>	Other: _____

86. Please provide other toolkit ideas:

<i>Comments:</i>

Survey feedback

87. Would you like to receive comparative results on this survey?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

88. How long did this survey take (in minutes)?

<i>Span time (minutes):</i>	
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89. How would you rate this survey? Select all that apply.

<i>Survey comments</i>	
<input type="checkbox"/>	It was easy to complete.
<input type="checkbox"/>	It was hard to complete.
<input type="checkbox"/>	It took a reasonable amount of time.
<input type="checkbox"/>	It took too long to complete.
<input type="checkbox"/>	It prompted my organization to think about CalOMS.
<input type="checkbox"/>	My organization is not sure of the purpose of some of the questions.

Comments